



Client No. 2036	Client Name O.H. MATERIALS	Location 1002 OSWEGO ST. UTICA	Date 6/8/87										
Facility Equipment Detex Clock	Weapon No. -	Hoister -	Nightstick -	Raincoat 1	Flashlight 1	Other GATE ; Trailer Keys							
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Off H. Felix		Officer—Swing Shift (Name) Off Del Vecchio		Officer—Grave Shift (Name) Dick Hokuski							
Shift Began 8 AM Ended 4 PM		Shift Began 4 AM Ended 12 PM		Shift Began 12 AM Ended 8 AM									
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation							
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
6. Lights left burning		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	AS required	<input checked="" type="checkbox"/> LIGHT out 0515.							
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
Visitors EPA & OHM people are on site.		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> OAM & EPA MEN							
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ON SITE							
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
Remarks Handley EPA - told me the new order is the gate is to be locked at all times, except when they come in the morning & go out the last time at night. they said the gate will have to be opened for only once that they want on premises. (X.3) 9:15 John Snapper on site COPY OF NEW ORDER SIGNED BY GUARDS													
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.													
1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.	
Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Signatures		Day Shift			Swing Shift			Grave Shift					
John Snapper 9:15 AM		Kenneth Felix			Del Vecchio			Dick Hokuski					
10:20 AM													
Signatures		Signatures			Signatures			Signatures					
3.		3.			3.			3.					

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